

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009952

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. <u>317</u>		Primary Registration District No. <u>500</u>		Registrar's No. <u>356</u>		STATE FILE NUMBER	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Koch</u>		Length of stay in 1b <u>215 days</u>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Robert Koch</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>1340 Belt Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>James Tucker</u>				4. DATE OF DEATH Month Day Year <u>1 30 63</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>C</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-16-05</u>	
9. AGE (last birthday) <u>56</u>		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>		11. BIRTHPLACE (City and state or country) <u>Ark.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Ark.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Edward Tucker</u>		13b. MOTHER'S MAIDEN NAME <u>Josie Elridge</u>		14. NAME OF HUSBAND OR WIFE <u>Edethal Tucker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>---</u>		16. SOCIAL SECURITY NO. <u>59</u>		17. INFORMANT Address <u>Robert Koch Hospital, Koch, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause plus PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchiogenic Carcinoma, Rt. Lung</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>16-21</u> DUE TO (c) <u>---</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Fibrocaceous Tuberculosis, Rt. Lung</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				INTERVAL BETWEEN ONSET AND DEATH			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>7-9-62</u>		20f. CITY, TOWN, OR LOCATION <u>1-29-63</u>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>7-9-62</u>		20f. CITY, TOWN, OR LOCATION <u>1-29-63</u>		COUNTY <u>1-29-63</u>		STATE	
21. I attended the deceased from <u>7-9-62</u> to <u>1-29-63</u> and last saw her alive on <u>1-29-63</u> Death occurred at <u>6.00</u> a. m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Bernard Friedman, M.D.</u>		(Degree or title)		22b. ADDRESS <u>Robert Koch Hospital</u>		22c. DATE SIGNED <u>1-30-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-5-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Berkeley, Mo.</u>	
24. FUNERAL DIRECTOR <u>A.L. Beal Und.Co.</u>		ADDRESS <u>4303 Delmar</u>		25. DATE RECD. BY LOCAL REG. <u>2-1-63</u>		26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

14000

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Arthur L. McNeill*

Licensed Embalmer No.

4221

P. O. Address

3100 Easton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.